FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZ	ATION		
	(See instructi	ions)		Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
CITIZENS TO	ELECT PHIL ROE TO CONGRES	SS	11111	
ADDRESS (number and	street) P.O. BOX 3218			
(Check if address	s <u> </u>			
is changed)	JOHNSON CITY		LTN L	37602 _
		CITY	STATE ▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e			
(Check if address is changed)	s www.treasurer@roe	e4congress.com		
io dilangoo)				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address	s <u> </u>	111111111	11111	1 1 1 1 1 1 1 1 1
is changed)			1 1 1 1 1	
2. DATE 0.6				
3. FEC IDENTIFICA	TION NUMBER	C C00444471		
4. IS THIS STATEM	MENT NEW (N) OR	X AMENDED (A)	_	
10 11110 01711 210		, we have		
I certify that I have exam	ined this Statement and to the best of my kn	nowledge and belief it is true, correct	and complete	
Time on Driet Name of	Treasurer Mr. GERALD D	THOMAS		
Type or Print Name of	reasurer			
Signature of Treasure	Electronically Filed by Mr. GER	ALD D THOMAS	Date 0 6	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information m	ay subject the person signing this St	atement to the penaltic	es of 2 U.S.C. §437g.
	ANY CHANGE IN INFORM	ATION SHOULD BE REPORTED	WITHIN 10 DAYS	
Office Use Only		For further information Federal Election Commi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)